Independent Citizens Redistricting Commission

Application Review and Quality Control Sheet

Applicant Name: Micaela Ale	man MD		
Date Received: 2/22/13 A	pplicant Number:	0477	
Recommended Applicant Pool Status: Final Applicant Pool Status:			
☐Included ☐Removed	☐ Included	Removed	
REQUIREMENTS:			
 Was the application received before the subm 	ission deadline?	☐Yes ☐No	
If NO, list time/date application was received:			
Is the application complete? If NO, list the item(s) that need to be completed: She will 5 ubmit Contact pay W/ business info (2/26/13)			
3. Indicate how the applicant responded to the following questions:			
A. Student enrolled in a college/university in		□Yes □No	
If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:			
i. Reside in the City of Austin?		∐Yes □No	
ii. Registered to vote in the City of Au	มร _์ นักริ	ÚYes □No	
iii. Continuously registered to vote in	the City of Austin?	☑Yes □No	
iv. Voted in 3 of the last 5 City of Aus	tin general elections?	☑Yes ☐No	
Follow-up needed related to REQUIREMENTS? If VFS_identify issue(s) addressed and dispo		□Yes □No	

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CONFLICTS OF INTEREST: 4. Did the applicant respond "Yes" to any conflict of interest of the second	questions?
If YES, indicate which question(s):	
Follow-up needed related to CONFLICTS OF INTEREST?	□Yes ☑No
If YES, identify issue(s) addressed and disposition:	
CONSISTENCY:	
	☑Yes ☐No
5. Are applicant answers consistent?	
If NO, indicate which answer(s):	,
	□Yes □No
❖ Follow-up needed related to CONSISTENCY?	
If YES, identify issue(s) addressed and disposition:	
Application Reviewed By:	
	QC Review Date: 03/01/2013
Quality Control Review By:	
Follow-up Contact(s) Reviewed By:	vate: